



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
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Canada

Tel (613) 632-5200

**D3914-041**  
**Job Sheet 179319**



Part No: D3914-041

Job Qty: 1 ea

Part Name: Long Basket Lid Assembly (350)



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 6/16/18

Job Tracking No:

Due Date: 7/31/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG D4020 REV A SHEET 2, D3914 REV D SHEETS 1,2,3 IPP Rev:A new issue DD 10.03.19 verified by:EC  
IPP Rev:B as per dwg revB DD 10.08.18 verified by:EC IPP Rev:C 13.03.14 AS PER DWG REV.pc1 DD  
VERF:JLM IPP REV:D 13.06.21 DWG REV:C DD VERF:JFS

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off                |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                         |
| 90    | Start up Operation | 1 Ea  | 7/31/18    | 7/31/18  | 0.00      | 0.00    | Start Up Large Fab-5  |           | <i>0.11.18-6-25</i>     |
| 100   | Large Fab          | 1 pcs | 7/31/18    | 7/31/18  | 0.00      | 6.67    | Large Fab 1           |           | <i>18-6-26</i>          |
| 110   | QC                 | 1 pcs | 7/31/18    | 7/31/18  | 0.00      | 0.00    | QC9                   |           | <i>2018-06-26</i>       |
| 120   | QC                 | 1 pcs | 7/31/18    | 7/31/18  | 0.00      | 0.00    | QC5                   |           | <i>2018-06-26</i>       |
| 130   | Powdercoat         | 1 pcs | 7/31/18    | 7/31/18  | 0.00      | 0.40    | Powdercoat4           |           | <i>18-7-5</i>           |
| 135   | QC                 | 1 pcs | 7/31/18    | 7/31/18  | 0.00      | 0.00    | QC3                   |           | <i>18-7-6</i>           |
| 140   | HandFinish         | 1 pcs | 7/31/18    | 7/31/18  | 0.00      | 0.80    | HandFinish3           |           | <i>18-7-9</i>           |
| 150   | QC                 | 1 pcs | 7/31/18    | 7/31/18  | 0.00      | 0.00    | QC3                   |           | <i>18-7-9</i>           |
| 160   | Packaging          | 1 pcs | 7/31/18    | 7/31/18  | 0.00      | 0.00    | Packaging3-2          |           | <i>18-7-9</i>           |
| 170   | QC21-SA            | 1 Ea  | 7/31/18    | 7/31/18  | 0.00      | 0.00    | QC21                  |           | <i>9-80 JUL 10 2018</i> |

Part Op 100 - 1- assemble ribs , weld as per dwg D3914 using DT9607A 2- weld hinge (3) and Mounting brackets as per dwg  
Descriptions: D3914 \*\*\*Visual inspect before welding mesh\*\*\* 3- tack weld mesh on basket as per dwg D3914 \*\*\*Cut out mesh where  
label plate goes in center off basket lid as per dwg D4020-5. Make sure to place mesh correctly on lid, check with label  
plate before tacking mesh\*\*\*

130 - \*\*\* mask sides of hinge prior to powdercoat\*\*\*

140 - 1- Mask data plate and apply wing walk on outside surface of mesh as per dwg 2- Install label as per dwg \*\*\*Mask  
label plate to size of label, use scotchbrite red pad to lightly sand area for label, apply label \*\*\*

*M 138700 START 1/4/15 OV-TI 300° FINISH 2:15*

### Job BOM

| Part / Item | Component Name                     | Quantity    | Operation             | Container       |
|-------------|------------------------------------|-------------|-----------------------|-----------------|
| D2581       | Mounting Bracket                   | 2 Ea (2 ea) | 90-Start up Operation | <i>5068733</i>  |
| D3914-1     | Rib                                | 2 Ea (2 ea) | 90-Start up Operation | <i>5069540</i>  |
| D3914-7     | Rib                                | 2 Ea (2 ea) | 90-Start up Operation | <i>5083070</i>  |
| D4016-3     | Hinge Half, Lid                    | 3 Ea (3 ea) | 90-Start up Operation | <i>5073266</i>  |
| D4018-5     | Rib                                | 9 Ea (9 ea) | 90-Start up Operation | <i>5078119</i>  |
| D4020-5     | Mesh (350 Basket Long, Lid)        | 1 Ea (1 ea) | 90-Start up Operation | <i>50668119</i> |
| D4021-3     | Data Plate                         | 1 Ea (1 ea) | 90-Start up Operation | <i>5064261</i>  |
| D4035-043   | Lid Rib Assembly, Aft (350 Basket) | 2 Ea (2 ea) | 90-Start up Operation | <i>5083065</i>  |

*M.U.004053*

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D2581          | 2        | 75        | 0         |

*Craig*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|           |   |    |   |
|-----------|---|----|---|
| D3914-1   | 2 | 3  | 0 |
| D3914-7   | 2 | 2  | 0 |
| D4016-3   | 3 | 25 | 0 |
| D4018-5   | 9 | 30 | 0 |
| D4020-5   | 1 | 6  | 0 |
| D4021-3   | 1 | 33 | 0 |
| D4035-043 | 2 | 0  | 0 |

#### Part Specifications

Specifications could not be found.

Plex 6/18/18 9:12 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/> |  | Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |  | ) Approval <input type="checkbox"/><br><br>ed By _____<br><br>Supervisor <input type="checkbox"/><br>arification _____<br><br>ordinator <input type="checkbox"/><br>oval _____ |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
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| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Step #: _____                                                                               |                          |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                             |                          |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">Environment</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 15%;">No Re-verification</td> <td style="width: 15%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td><input type="checkbox"/></td> <td>Operator</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td> <td><input type="checkbox"/></td> <td>Offset/Setup</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td> <td><input type="checkbox"/></td> <td>Supplier</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td> <td><input type="checkbox"/></td> <td>Training</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Material</td> <td><input type="checkbox"/></td> <td>Use for Testing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td> <td><input type="checkbox"/></td> <td>Poor Information</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td> <td><input type="checkbox"/></td> <td>Rushing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td> <td><input type="checkbox"/></td> <td>Product Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td> <td><input type="checkbox"/></td> <td>Process Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td> <td><input type="checkbox"/></td> <td>Manufacturing Process</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Misidentified</td> <td><input type="checkbox"/></td> <td>Past Due</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4" style="text-align: center;">OTHER : _____</td> </tr> </tbody> </table> |                          |                                                                                             |                          |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  | Root Cause |  |  |  | Environment | <input type="checkbox"/> | No Re-verification | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                             |                          |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | No Re-verification                                                                          | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | Operator                                                                                    | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Offset/Setup                                                                                | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | Supplier                                                                                    | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | Training                                                                                    | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Use for Testing                                                                             | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | Poor Information                                                                            | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | Rushing                                                                                     | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | Product Improvement                                                                         | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | Process Improvement                                                                         | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | Manufacturing Process                                                                       | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | Past Due                                                                                    | <input type="checkbox"/> |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                             |                          |                                                                                                                                                                                                |  |                                                                                                                                                                                                |  |                                                                                                                                                                                |  |            |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |               |  |  |  |

Container No: S083719  
 Part: D3914-041  
 Job No: 179319  
 Serial No/Batch: S083719  
 Revision: N/D  
 Inspector: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_  
 Instructions: \_\_\_\_\_  
 Date: 06/25/18

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